No. **C 144184**	**Due no later than Jun 30, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** FULL LIFE CHIROPRACTIC, P.A. DR. JON MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646	JONATHAN ERIC MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	ROSALINDA GALLEGOS-MAIN	2300 EVEREST LANE W SUITE #175	MERDIAN	ID	USA	83646
PRESIDENT	JONATHAN E MAIN	2300 EVEREST LANE W. SUITE #175	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 144184**	Signature: Jonathan Main	Date: 04/14/2009
	Name (type or print): Jonathan Main	Title: President

Processed 04/14/2009

* Electronically provided signatures are accepted as original signatures.